

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044987

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290

Primary Registration District No. 5493

Registrar's No. 155

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 10 1963

1. PLACE OF DEATH a. COUNTY PULASKI		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY PULASKI	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cullen Twp		c. CITY OR TOWN Waynesville	
Length of stay in 1b 2 mo's		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAWSON TRAILER CT		d. STREET ADDRESS (If outside, give location) LAWSON TRAILER CT	
3. NAME OF DECEASED (Type or print) First Helen Middle Lea Last Meek		4. DATE OF DEATH Month Nov Day 23 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG 16 1963
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and state or country) FL. LEONARD WOOD MO U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ralph Lester Meek		13b. MOTHER'S MAIDEN NAME ROSEAN WARD	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	
16. INFORMANT MARIE E. TYLER		Address PINE, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation DUE TO (b) BURNING DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) TRAILOR HOUSE BURNED DURING NIGHT		20c. TIME OF INJURY Hour 3:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 11 23 63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION Waynesville (Lawson Ct)		COUNTY PULASKI STATE MO	
21. I attended the deceased from _____ to _____ and last saw her alive on 11-23-63 Death occurred at Approx 9:30A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. E. Meek		22b. ADDRESS Waynesville, MO	
22c. DATE SIGNED 11-23-63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/24/1963	
23c. NAME OF CEMETERY OR CREMATORY Alexis Cemetery		23d. LOCATION (City, town, or county) Alexis Henry	
24. FUNERAL DIRECTOR C. E. Meek		25. DATE RECD. BY LOCAL REG. 11-24-63	
ADDRESS Waynesville, MO		26. REGISTRAR'S SIGNATURE Paula Mae Anderson	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.